

City of San Jose Healthy Neighborhoods

For Staff of Senior Programs Survey - FY 2009-10

Agency Name—(Optional)Program Identification

Today's Date: _____ Staff Member's Name: _____

Please give us **your participant's** birth date: Month _____ Day _____ Year _____

Please give us the initials of **your participant's** name: First Initial _____ Last Initial _____

1. How many additional caring and supportive people is the participant connected to because of your efforts?
(If the participant lost some connections you can use a negative number.) _____

Please put an X in the box that best describes your opinion of the GROWTH in your participant's level of meaningful expectations and participation at home and in the community because of your efforts.

2. Growth in Level of Expectation	<i>A Lot</i>	<i>Some</i>	<i>None</i>	<i>Worse</i>	3. Growth in Level of Participation	<i>A Lot</i>	<i>Some</i>	<i>None</i>	<i>Worse</i>
At Home					At Home				
In Community					In Community				

Please put an X in the box that best describes your participant's health today, mental and physical:

4. This participant's health overall is:

☐

Poor

☐

Fair

☐

Good

☐

Excellent

Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to our program..." (Place a check or X in the box.)	<u>More</u>	<u>Less</u>	<u>The Same</u>	<u>Don't Know</u>
5. Due to our program, this participant is connected to people in his/her community who provide the services that he/she needs:				
6. Due to our program, this participant feels cared for:				
Mark the box to the right that best describes how you feel. Be sure to start off each question by saying, "Due to our program..." (Place a check or X in the box.)	<u>Better</u>	<u>Worse</u>	<u>The Same</u>	<u>Don't Know</u>
7. Due to our program, this participant's understanding of how to live a healthy lifestyle is:				
8. Due to our program, this participant's opportunities to interact with others are:				
9. Due to our program, this participant's ability to interact with new people of all ages, both young and old, is				
10. Due to our program, this participant's knowledge of strategies to avoid smoking is:				
11. Due to our program, this participant's knowledge of who to go to for help when he/she has a question about his/her health is:				

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17. Please indicate level of client participation in your service on a scale from 5 to 1. _____
(5=Very High, 4=High, 3=Average, 2=Low, 1=Very Low)